FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* LOSORDO DOUGLAS W						2. Issuer Name and Ticker or Trading Symbol Caladrius Biosciences, Inc. [CLBS]								(Che	ck all app Direc	olicable)	g Person(s) to Is	
(Last) (First) (Middle) C/O CALADRIUS BIOSCIENCES, INC. 420 LEXINGTON AVENUE, SUITE 350				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015									X	X Office (give title Office (specify below) See Remarks				
(Street) NEW YORK NY 10170 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			Securi Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)		()
Common Stock, \$0.001 par value ⁽¹⁾ 06/30/2					2015		A ⁽¹⁾		6,369 A		1 \$	\$1.5895	4	18,209	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (if any (Month/Day/Year))			Date,	I. Transaction Code (Instr. 3)		5. Nur of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercis Expiration Dat (Month/Day/Ye		e Amount of Securities Underlying Derivative Security (I and 4)		nt of ties lying tive ty (Inst	De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)		Date Exercisa		Expiration Date	Title	or Numb of Share					

Explanation of Responses:

1. Shares purchased pursuant to Caladrius Biosciences, Inc.'s 2012 Employee Stock Purchase Plan for the period ended June 30, 2015.

Remarks:

Chief Medical Officer, Senior VP Clinical, Medical and Regulatory Affairs

Douglas W. Losordo By: /s/
Paige E. Cooperman, Esq., 07/02/2015
Attorney-in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.